

THIS CERTIFICATE MUST BE FILED IN THE OFFICE OF THE REGISTRAR OF VITAL STATISTICS, ARIZONA, IN ORDER OF BIRTH ISSUED.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 199
Registered No. _____

1. PLACE OF BIRTH

County Gila State Ariz.
Township _____ or Village Rice
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Michael Hoffman { If child is not yet named, make supplemental report, as directed

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth 6-24-30, 19____
5. Number, in order of birth _____ Full term Yes (Month, day, year)

9. Full name FATHER
Charles Hoffman

10. Residence (usual place of abode) Rice
(If nonresident, give place and State) Ariz.

11. Color or race 4/4 12. Age at last birthday 25 (Years)
Apache Indian

13. Birthplace (city or place) Rice
(State or country) Ariz.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

18. Full maiden name MOTHER
Mary Allen

19. Residence (usual place of abode) Rice
(If nonresident, give place and State) Ariz.

20. Color or race 4/4 21. Age at last birthday 27 (Years)
Apache Indian

22. Birthplace (city or place) Rice
(State or country) Ariz.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn _____

28. If stillborn, period of gestation _____ { months _____ or weeks _____

29. Cause of stillbirth _____

Before labor _____

During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Report alive at 9:00 A on the date above stated
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report _____

(Date of) _____

(Signed) G. Langley, M. D.

or _____, Midwife

Address _____

Filed 6/27, 1930

Registrar.

Registrar.

485-624-415